

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/596793</b>		FILING DATE				
							APPLICANT(S)						
CLAIMS													
①	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1		1				52						
3		1		1			53						
4		3		1			54						
5		3		1			55						
6		①		1			56						
7		①		1			57						
8		①		1			58						
9		①		1			59						
10		①		1			60						
11		①		1			61						
12		①		1			62						
13		①		1			63						
14		①		1			64						
15		①		1			65						
16		①		1			66						
17		①		1			67						
18		①		1			68						
19		①		1			69						
20		①		1			70						
21		①		1			71						
22		①					72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	2	↓	0	↓	TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	24	←	19	←	0	←	TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	26		21		0		TOTAL CLAIMS	0		0		0	